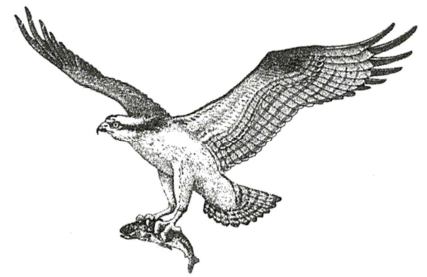




BARRENS TO BAY



A summer discovery program exploring Long Island's ecology

2014 Summer Camp

Thank you for your interest in the 2014 annual Barrens to Bay summer camp.

In order to register your camper you must complete the following steps:

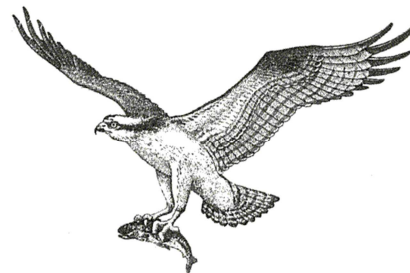
1. Fill out the registration paperwork – this includes three pages (general information, medical information and image release form).
2. Pay by cash, check or money order (made out to Friends of Wertheim Refuge). The cost is \$100 per camper. Campers registering for Session #1 (June 30 – July 3) are only required to pay \$75 for this shortened session. There will be no refunds given for any reason.
3. You may bring your application materials to Wertheim National Wildlife Refuge, 340 Smith Road, Shirley, NY 11967 or mail them to the same address c/o Jody DeMeyere.
 - ❖ We will **NOT** hold any spots. This is a first come, first serve registration process.
 - ❖ Your camper is **NOT** registered until we receive **ALL** paperwork and money.
 - ❖ If your application materials are not complete, you will be notified. If your preferred session fills up before you are able to complete the registration process, you will be moved to another session. Please double check your forms before you turn them in.

Items to remember:

- This is an interactive, hands-on summer camp. Campers will be outside for large portions of the day.
- Campers may return home from camp dirty or muddy. Please dress them appropriately.
- Camp counselors are not babysitters. Campers are expected to behave or will be asked not to return.



BARRENS TO BAY



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2014 Summer Camp

General Information

Camper's Last name _____ First name _____

Age _____ Grade _____ ☐ Male ☐ Female

Address _____ City _____ State _____ Zip _____

Mother's name _____ Father's name _____

Home Phone () _____ Email _____

Mother's work () _____ Cell () _____

Father's work () _____ Cell () _____

Sessions 1, 2 and 3 are reserved from campers 6 – 9 years old:

☐ Session 1 (June 30 - July 3 – Only \$75) ☐ Session 2 (July 7-11) ☐ Session 3 (July 14-18)

Sessions 4, 5 and 6 are reserved from campers 10 – 12 years old:

☐ Session 4 (July 21-25) ☐ Session 5 (August 4 – August 8) ☐ Session 6 (August 11-15)

Buddy Request - Keep my child with this friend/sibling: _____

In the event of an emergency, whom should we call if we can't reach you?

Name _____ Phone () _____

Name _____ Phone () _____

Will you be carpooling? ☐ Yes ☐ No Carpooling parent's name: _____

Please list anyone who is authorized to pick up your child? _____

Parent/Guardian Signature _____

For Office Use Only:

Paid: Yes No Method of Payment (Circle One): Cash Check
If by Check, Check No.: _____
No. Children Paid for: _____



Medical Information

Child's name _____ Age _____ Session # _____

Pediatrician's name

Phone

Fax

Wertheim National Wildlife Refuge wants to make each child's experience as enjoyable and educational as possible. Please complete the following section so that we can better address your child's needs.

Will your child need to take any medication during camp hours? ☐ Yes ☐ No

If yes, please list the medication (s). **Please note: Barrens to Bay staff may not administer any medication(s). Medications must be brought in the original container.**

Even if your child will not be taking medication at camp, we need to know the name of any current medications to inform health personnel in the event of an emergency.

Please list any conditions such as physical restrictions, diabetes, asthma, learning disabilities, ADHD, hyperactivity, etc.

Does your child have any allergies ☐ Yes ☐ No

If yes, please list the allergy(ies): _____

Does your child require a special diet? ☐ Yes ☐ No

If yes, please specify: _____

I, _____ parent/guardian of _____, hereby give consent that my child may participate in the activities at the Barrens To Bay summer program. I hereby give permission to the Barrens To Bay camp staff to give consent on my behalf in the event of the need for emergency administration of medical treatment which the Barrens To Bay staff, in its discretion, believes to be necessary, and I agree to hold the Barrens To Bay staff harmless and without fault with respect to exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medication and medical limitations on activities) that would be necessary for the proper care of my child. I agree to pay for all medical and dental expenses incurred in the treatment of my child, and I am billable at the address on this form.

Insurance carrier _____

Policy # _____ Group # _____ Exp. Date _____

Parent Guardian signature _____

Send completed forms to:
Jody DeMeyere, Wertheim National Wildlife Refuge
340 Smith Road, Shirley, NY 11967



Agreement for Use of Likeness in Service Products

☐ *Grant Unrestricted Use of Likeness*

I hereby grant permission to the U.S. Fish and Wildlife Service (USFWS) to make visual and/or audio recordings of myself and/or any minor under my control at the time of the recording. I also grant permission to the USFWS to use these photographic, video and/or audio recordings in official Service publications, productions, displays and on the Internet without any consideration. I hereby irrevocably authorize the USFWS to edit, alter, copy, exhibit, publish or distribute this photo/video/audio for any lawful purpose. I understand these photo/video/audio recordings will be in the public domain.

As a result of being in the public domain, the USFWS, or anyone else, may freely publish, reproduce, use and/or distribute these photo/video/audio recordings in any media without your approval or permission, with no monetary compensation to you and without temporal or geographic restriction (unless using your likeness for commercial use - then your permission is required).

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, where in my likeness appears. I also hereby hold harmless and release and forever discharge the USFWS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons, acting on my behalf or on behalf of my estate have or may have by reason of this authorization, and agree to indemnify the USFWS, its officers, agents and employees against any out of pocket expenses, including attorney's fees, that may be incurred in defense against any such claim, action or proceeding. I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and fully understand the content, meaning, and impact of this release.

☐ *Grant Restricted Use of Likeness*

I hereby allow the USFWS to use my likeness, and/or the likeness of any minor under my control at the time of the recording, in Service publications, productions, displays, the Internet, etc, with the following conditions:

Print Name of Minor

Print Name

Signature

Date

Phone or E-mail

Service Representative _____ *Office* _____ *Phone* _____